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Annual Report

OF THE

Medical Officer of Health

(Dr. R. F. O'SULLIVAN, M.B., B.Ch., B.A.O., C.P.H.)

and

Sanitary Inspector

(W. E. SHELLEY, M.S.I.A.)

FOR THE

Year ending Dec. 31st, 1951.



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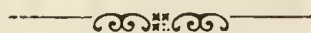
Sanitary Inspector

(W. E. SHELLEY, M.S.I.A.)

FOR THE

Year ending Dec. 31st, 1951.

Queensbury & Shelf Urban District Council.



Health Committee

(As at 31st December, 1951)



Chairman of the Council :

Councillor Mrs. M. E. McCREATH, J.P., C.C.

Chairman :

Councillor MOORE.

Vice-Chairman :

Councillor M. E. NICHOLS.

Councillor ASHWORTH, A.

Councillor GOODWIN

„ ASHWORTH, L.

„ Mrs. McCREATH

„ CONWAY

„ NEAL

„ CROWTHER

„ NICHOLS

„ ELLIS

„ RODGERS

„ FARRAR, J.P.

„ SMITH, W. S.

„ SMITH, J.

HEALTH SUB-COMMITTEE :

Councillor MOORE (Chairman).

Councillor M. E. NICHOLS (Vice-Chairman).

ANNUAL REPORT.

Mr. Chairman, Mrs. McCreath and Gentlemen,

I have the honour to present to you my Third Annual Report covering the calendar year 1st January to 31st December, 1951.

The year has been a satisfactory one from a public health point of view in that we have again been spared any serious outbreak of infectious disease, and we share with the rest of the country the improved standards of health. It is, however, certainly true that if we could apply all existing knowledge about preventable disease there would be untold saving in Death and Disease. It has often been said that public health is the participation by the whole of the community in medical affairs. To carry out this programme of community participation the public need to be informed as to the broad technical pattern of many diseases. This is the basis upon which Health Education works. We in the Public Health Service hope for a changed attitude to disease and a positive attitude to health, not just to be free from illness but to be brim full of abounding health. A new sense of responsibility must pervade the community so that each individual's habits may be turned to the greater advantage of oneself and one's family. We must try to—

1. Impart a better knowledge of one's body, its workings and its needs.
2. Control the social forces at work in the community and set them to the greater good for the greater number.
3. Control infectious diseases by knowing how they attack us and also how they are prevented, or resisted, more successfully.

Above all we must see that the standards for the mother and child be subject to continuous criticism and improvement.

Let us, therefore, look around and see where there is most urgent need for improvement in these matters having regard to the Tables for Queensbury and Shelf for the past year.

The Vital Statistics.

Birth rate 16.62, that is 0.88 higher than last year and 1.2 higher than that for England and Wales generally.

The death rate adjusted to take into account the ages and occupations of the people in Queensbury and Shelf is 13.96, which is 0.51 higher than last year and 1.46 higher than the rate of England and Wales. For comparison with other years see Tables in Report. The maternal death rate is again nil this year. Infantile mortality 34.01. This is the highest since 1947. This rate, however, is more apparent than real for with a population of 9,000 the number of infants who died is very small and, therefore, a perusal of the death rates from year to year gives little help in assessing the true picture of infants deaths. I append the Tables of Infantile Mortality rates from 1942 onwards in my Report and also Maternal Mortality rates to bear out my point.

TABLE I.

Year	Infantile Mortality	Maternal Mortality
1942	83.33	Nil
1943	18.01	17.5
1944	76.0	Nil
1945	46.7	9.2
1946	60.0	Nil
1947	42.0	5.03
1948	27.3	Nil
1949	20.0	Nil
1950	7.04	Nil
1951	34.01	Nil

To get a true picture of Infant and Maternal preventable deaths one must examine a broader canvas, for example, England and Wales. This picture shows that in every 1,000 live births there were 24 deaths in the first year of life and one in every 50 babies born alive died within the

first month of life. This one in every 50 babies rate is one and a half times as high in the lower income groups as it is in the higher income groups. With regard to babies under 12 months the death rate is four times as high in the lower income groups as compared with the higher income groups.

This surely is a reflection on the entire community. It is a national trend and, therefore, involves Queensbury and Shelf just as much as it does any other district. These deaths in very early life are mainly associated with infection, and more often than not with infection of the respiratory passages and the gastro intestinal canal. Here is a community malady which cries out for immediate relief. That relief must come in the form of preventive measures. We have no doubt that curative medicine is applied to all these cases but without the success that may only be achieved by improved social conditions. If we could bring the social status of the entire community up to the level of the economically privileged classes so many lives could be saved at this early stage. No amount of curative medicine can make up for this lack of preventive technique. How can we set about preventing this gross waste of young life? By improving the health of the expectant mother, and that includes relief from worry and anxiety, and by prevention of infection by better standards of housing and personal hygiene. True it is that the extent of contagious disease in the community is a measure of the efficiency of the Public Health Service in that area. Nevertheless, Public Health now no longer submits to being fenced in by regulations involving infectious disease. It includes and embraces the entire health of the community.

Infectious Diseases are no longer the dreaded illnesses they used to be in previous times. They are amenable to treatment and improved standards of hygiene keep them at bay so that carriers may not easily spread the conditions from person to person. Nevertheless, we remember with awe the dreaded cholera, typhus, plague, typhoid and small-pox. All these in turn decimated our population and even changed the tide of war. We may congratulate ourselves that typhoid epidemics are rarities and many doctors are growing up in hospitals who have never seen a single case.

We have wiped out small-pox by compulsory vaccination in that we produce such a high level of immunity, or semi-immunity, in the population that it is only by the importation of Asiatic small-pox that new outbreaks occur, and these are circumvented by "expanding ring" vaccination. Since compulsory vaccination has now ceased we have a population of which about 40% is immune due to vaccination. Will this breed a highly susceptible population again to become subject to widespread attack by that most infectious of all diseases—small-pox. The vaccination of babies will do little to build up immunity to small-pox as these babies have the least chance of acquiring small-pox until they are grown up, by which time the level of immunity will have dropped to a useless degree unless subsequent vaccination is performed. Remember that there is no specific cure for this disease. Small-pox has still evaded the Flemings* of Society.

* Sir Alexander Fleming discovered penicillin.

In spite of every precaution one still hears of typhoid outbreaks. Why should this occur? Because some carrier of the disease has contaminated another's food with his own excrement—a horrid thought, but true. A few years ago as Aberystwith was enjoying its summer influx of visitors an Ice Cream Vendor contaminated the ice cream causing more than 200 cases of typhoid by his neglect—a lesson in red for every handler of food. Typhoid is one of the most serious and disabling of diseases caused by one person's carelessness. We have one main method of preventing food contamination, i.e., Health Education of the community. To this end we must begin in infancy when life-long habits are established and then continue with short term education of the community to show them the importance of—

1. Hand washing after use of, or even entering, the toilet and also before preparing food.
2. Boiling of all raw milk, other than Tuberculin Tested, before use, especially by children.
3. Protection of food from fly and rodent contamination.
4. Suppression of flies and rodents.
5. Treatment of minor cuts, etc., of food handlers.
6. Efficient cooking of meat, most of which is grossly contaminated even in the most hygienic slaughterhouses.
7. Prompt use of Dried Egg preparations after reconstitution.
8. More refrigeration.
9. Cleansing of crockery and food utensils.

To this end we rely so much on our Traders' Guild of Hygiene, who have voluntarily adopted a set of model byelaws approved by the Ministry of Health and into whose hands we daily place even our very lives.

Those infectious diseases of childhood still continue and have their toll even though in a very much more limited way.

Scarlet Fever is well on the wane. It is no longer a serious disease and treatment of this condition with penicillin must have had a great effect in reducing the incidence of Acute Nephritis which often followed this disease as a late complication. It should be remembered, however, that Whooping Cough is almost 12 times as deadly a disease as Scarlet Fever and there again the home conditions are the greatest deciding factors. We have now a vaccine which is in use and it gives up to a 75% measure of immunity. It is being specially recommended for use with babies under one year as these are the greatest victims of the disease.

The story of Diphtheria Immunisation is perhaps the brightest chapter in the history of modern preventive medicine. Just before the outbreak of World War II (1939) there were about 60,000 cases annually in England and Wales with about 3,000 deaths per year—almost one case in every 20 died. In 1951 there were 700 cases of diphtheria with 34 deaths—almost one case in 24 died. Mark how the deadliness of diphtheria has not appreciably altered, though the number of cases dropped from 60,000 to 700. Even in 1946 we had 472 deaths in England and Wales from this disease out of 12,000 cases. In Queensbury and Shelf we have not had a case of diphtheria for many years. How have we brought this miracle about? By active immunisation of those children under one year old, with booster doses for the 5 year olds attending school. We estimate that by keeping 75% of the children immune we can keep the disease at bay. During 1951, however, we found that only 28% of the children under 1 year had been immunised. This is a poor figure and perhaps we ourselves are somewhat to blame for this state of affairs. We often mention that we have so little diphtheria now in our midst, and this, coupled with the fact that so many mothers are growing up never having seen, or even heard of, a case, means that we are liable to be complacent. Our own success is now becoming our failure, and may yet dim the brightness of this glorious page in the history of preventive medicine. Remembering that diphtheria is still as deadly as when it carried off 3,000 of our young and innocent lives each year we must press forward and make diphtheria immunisation an integral part of our infant life. An organised system of persuasion by Doctors, Midwives, Nurses and Health Visitors is on foot with this end in view. May its success mark their every step.

We had one death from Tuberculosis this year. Perhaps that appears insignificant, but when one realises that nearly 17,000 people died from Tuberculosis throughout England and Wales in 1951 the size of the problem will be more obvious. A noticeable feature in tuberculosis of the lungs is that it is now tending to infect men in later middle life. In the past it was the disease of the young, threatening the promise of life just when hopes were brightest and calling for such feats of courage to overcome the very special psychological stress it laid upon the sufferer.

It still does that, and more too, except that it is to some degree changing the age group of male sufferers. Who shall answer the question as to why this change is taking place? There is no disease that has held humanity in its grip for so many centuries and whose sting is surely as venomous to-day as it was in the days of Chopin and Keats. Our duty as a Health Authority lies clear. Re-house those in unfit houses, raise the ordinary standard of living and re-educate in preventive measures, because the disease once established brings the dread sentence that complete recovery is not possible.

With regard to illness caused by food, since 1939 there have been 14 cases of non-pulmonary tuberculosis in children under 14 years of age. 14 cases in 12 years out of a population of around 9,000, with six of the years being war years, is not alarming. This is no cause for satisfaction, however, but as I mentioned in my report last year the continued up-grading of the milk consumed in the area to either Tuberculin Tested or Pasteurized will bring a safe milk supply nearer. The importance of this cannot be overstressed. Last year we had 17 retailers of T.T. or T.T. (pasteurized) milk, 8 retailers of accredited milk, and 11 of ungraded supplies. The position at the end of 1951 was as below:

Retailers Selling—

Ungraded milk only	...	...	...	...	...	2
Ungraded and T.T. (past.) milks in varying proportion	...	...	...	...	...	3
Accredited milk only	...	...	...	...	...	5
Accredited and T.T. (past.) milks	...	...	...	...	...	5
Tuberculin Tested milk only	...	...	...	...	...	13
T.T. (pasteurized) milk only	...	...	...	...	...	6
Sterilized milk only	...	...	...	...	...	6

40

In addition to this account of domestic supplies, all milk used at the schools is T.T. (pasteurized).

There is a marked reduction in the number of ungraded supplies, and a great increase in the amount of heat treated milk being supplied. More changes are expected in view of the promises of The Milk (Special Designation) (Raw Milk) Regulations, 1949, that after 1st October, 1954, the special designation "Accredited" will no longer be permitted to be used.

What of Cancer, the second greatest killer. We in Queensbury and Shelf are lucky that we have such excellent diagnostic and treatment centres in nearby Halifax and Bradford. What can we do to prevent cancer—we know so little about it that we do not know where to start. It is futile to give the public complete details of the signs and symptoms of all the possible types of cancer, but we do advocate that in any departure from health medical advice should be sought. We find that that delay is not with the diagnoses but in the first visit of the patient to his doctor for advice.

During the year we were chosen to participate as a polio-free community in some research work carried out for the Medical Research Council. Sewer points were chosen, draining selected groups of houses and swabs placed at these points so that an examination of the sewage could be made. No polio virus was found in any of the swabs and to what extent the work done was of use we do not know. At the same time the swabs were examined for the typhoid group of germs and the result sent to us. From these we were able, with the enthusiastic help of Dr. Tomlinson of the Public Health Laboratory Service, to re-swab the sewers and drains until we could trace the source of the germs to a particular house. We found ready co-operation on the part of individual occupiers of the houses when the purpose of the work was explained to submit faeces for examination. As a result of this a carrier was found who had a history of becoming infected in 1946 when there was an outbreak of paratyphoid in this and adjoining areas. This person was treated with chloromycetin and is now in much better general health.

There would appear to be considerable scope for this sort of work—given time and other facilities.

A Health Exhibition was held during the autumn—from 8th to 11th October, 1951. The idea was to follow up the previous year's winter session of health education talks, and to try and start people thinking of what they could do for themselves. With the aid of the Ministry of Agriculture and Fisheries Display Section, the Traders' Guild of Hygiene and various other bodies some eighteen stands were fitted up and dressed in the Bath Hall, Queensbury. The Infestation Control stand was equipped with a film and sound projector and use was made of this to show films during the period of the exhibition, additional to the Infestation Control division and films on Rodent Control. The exhibition was open from 2 p.m. to 9.50 p.m. on the four days following the ceremonial opening night, this ceremony being performed by Mr. John Edwards, M.P., to an audience of over 400. On each of the four full days during which the exhibition was open talks were given to Mothers and the General Public on general health, food hygiene and allied subjects. Attendances at the talks were good, the final one attracting an audience of 150 people. A baby show on the Wednesday afternoon was a terrific success, there being 42 babies entered, the judging being watched by 300 people. The total attendance figure was 2,114, including 420 school-children who came during the mornings when the exhibition was closed to the public. From a population of roughly 9,000 this is satisfying and shows that the publicity was good. Apart from engaging the Black Dyke Mills junior band to march through the village with a banner to the opening ceremony there were no "stunts".

Competitions were run for children, who were asked to find as many faults as possible with the "Dirty Shop" and who were also asked to re-assemble letters displayed in the windows of members of the Traders' Guild, so as to form a sentence which contained a food hygiene slogan. Prizes for these competitions were given by the Traders' Guild. The total cost was just over £50, and it is thought that it was money well spent. It is hard to judge what precise results were obtained—Health Education is like that. However, the need for such Education is great, and far reaching results must come from it. We are satisfied that in 1951 we did our best to progress in this sphere.

For details of exhibitors see body of the report.

The average age at death was 65.55 years during 1951.

In closing these remarks I would like to express my thanks to the Divisional Medical Officer, Dr. F. Appleton, for his help in many matters, and to Dr. A. H. Tomlinson, Director of the Public Health Laboratory, for the work he has so enthusiastically carried out for us.

I have the honour to be,

Mr. Chairman, Mrs. McCreath, and Gentlemen,

Your obedient Servant,

R. F. O'SULLIVAN,

Medical Officer of Health.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1951.

STATISTICS, SOCIAL AND CLIMATIC CONDITIONS OF THE AREA.

Area (in Acres)	...	...	...	...	...	...	...	2,795
POPULATION	...	...	...	...	...	...	...	8,965
AVERAGE NUMBER OF PERSONS PER ACRE	...	...						3.207
NUMBER OF INHABITED HOUSES	...	...	...	...				3,345
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE								1.19
AVERAGE NUMBER OF PERSONS PER HOUSE	...	...						2.68
RATEABLE VALUE	...	...	...	...	...	...	...	£38,826
PRODUCT OF PENNY RATE	..	...	...	...	...	...	...	£145
RATE IN THE POUND	...	...	...	...	...	...	...	23/-

The area is made up of the old Urban Districts of Queensbury and Shelf, which were amalgamated in 1937. Queensbury lies across the Bradford-Halifax Road (A.647), Shelf across Bradford-Manchester Road (A.641), the two areas being joined by the Brighouse-Keighley Road (A.644)

The combined area is bounded on the north and east by Bradford County Borough, on the west and part of the south by Halifax County Borough, the remaining southern boundary meeting the Borough of Brighouse

The area is mainly high and exposed, the northern tip of the district being actually named "Mountain" as it is at an altitude of some 1,200 feet above sea level. The average altitude of Queensbury is about 1,100 feet, while that of Shelf is about 850 feet. The village of Queensbury is situated on a high eminence overlooking Bradford and Halifax about midway between the two towns with extensive views in all directions, especially from Mountain. From this eminence Penyghent, Ingleborough and Wharfedale, forty miles away, are clearly seen in the north-west. There is probably a no more populous place at a greater elevation in England than Queensbury.

Shelf is rather less hilly, with an area of 1,303 acres and is divided into two distinct watersheds. The first includes Shelf village, Shelf Moor, and drains naturally into the stream named Woodfall Beck. The other water shed includes the hamlet of Stone Chair, Lower Shelf, and Lumb Brook, and drains naturally down to Lumb Brook, the land falling regularly from N.W. to S.E.

The exposure rating of this area by the Institute of Heating and Ventilating Engineers is "Severe," the number of degree days being about 5,500 for an internal temperature of 65°F. and external temperature of 30°F.

Rainfall is about 50 ins.

Geologically, the district has little of importance. A narrow strip of the millstone-grit which forms the main mass of the Pennine Chain crosses on the western boundary of Queensbury, the rest of the area being covered by sandstone except for an area stretching from the neck where the two areas were joined to a line running almost east-west from Stone Chair to Green Lane.

Apart from the western strip of millstone-grit already mentioned, the area lies on the Lower Coal Measure which forms the West Riding Coal-field. The Coal Measure, consisting of shales, sandstone, coal and under-clays, occurs in a basinlike fold, with its axis running north-north-west to south-south-east, the whole basin having an eastward tilt. Thus the approach to the northern and western edges of the basin is marked by one seam after another, curving up to the surface and ending, until a stage is reached at which mining is uneconomical. It is on this western edge that the district lies, and there are at present no mines in operation in the area although one mine was worked for some years in Queensbury and there are some old "bell pits" in a restricted area at Shelf. There is practically no risk of subsidence from mining operations and little loss of amenity by reason of spoil heaps.

By far the greater loss of amenity has been caused by the working of the sandstone mentioned above, at a time when rapid but undirected growth was proceeding all over the area. From the haphazard growth of the nineteenth century has been received a legacy of narrow streets, back-to-back houses, badly placed works and ruined amenities which provides all the worst and most costly problems of modern town planning.

A certain amount of clay mining is taking place, but this, fortunately, does not impair the general amenities of the area.

Probably due to the poor soil yielded by the Coal Measures and the climatic features referred to, agriculture plays little part in the life of the district, dairy farming and stock raising being the principal occupations of the farming community.

As might be expected from the situation of the district, the textile industry is the most important one in the area. Two centuries ago nearly every house had its own loom and spinning wheel, and today most families in the area have some connection with the trade. Probably Black Dyke Mill, originally built in 1835, has been the greatest single factor promoting the growth of Queensbury. Three other mills are located in Shelf. In connection with amenities it is pleasing to note that electrification of at least one mill is in progress, a process which will no doubt reduce the amount of smoke emitted from the mill.

There are two parks in Queensbury, totalling 9.00 acres, 6.00 acres of which are for games only, a private golf course of 31.5 acres, three recreation grounds totalling 10 acres, and 7.20 acres of allotments.

There are no common lands in the area.

Just before the outbreak of war, Littlemoor Park, belonging to the Foster estate, was gifted to the Council, and is being developed as a public park. The area is 28 acres.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

						M.	F.	Totals
Live Births—								
Legitimate	...	...	...	...	...	92	55	147
Illegitimate	...	...	...	...	...	2	—	2
Total	...	...	...	...	...	94	55	149

Crude Birth Rate : 16.62 per 1,000 of estimated resident population.

Comparability Factor : 1.00.

Adjusted Birth Rate : 16.62.

Still Births—

Legitimate	...	...	...	...	...	1	1	2
Illegitimate	...	..	...	...	...	—	—	—
Total	...	...	...	...	...	1	1	2

Still Birth Rate per 1,000 total (live and still) births : 13.24.

						M.	F.	Totals
Deaths	...	...	...	...	...	66	63	129

Crude Death Rate : 14.39 per 1,000 of estimated resident population.

Comparability Factor : 0.97.

Adjusted Death Rate : 13.96.

						Deaths	Rate per 1,000 total (live & still) Births
Deaths from Maternal Causes—							
Puerperal Sepsis	...	...	...	...	...	—	—
Other Maternal Causes	...	...	...	...	...	—	—
Total	...	...	...	...	...	—	—

Infant Mortality (Deaths of Infants under 1 year of age):—

						M.	F.	Total
Legitimate	...	...	...	...	...	2	3	5
Illegitimate	...	...	...	...	...	—	—	—
Legitimate infants per 1,000 legitimate live births						...	...	34.01
All infants per 1,000 live births						...	...	33.55
Illegitimate infants per 1,000 illegitimate live births						...	...	...
Deaths from Diseases of the Heart and Circulation (all ages)						...	...	...
per 1,000 of estimated population						...	...	5.68
Deaths from Cancer (all ages) per 1,000 of estimated population						...	...	2.56
Deaths from Measles (all ages) per 1,000 of estimated population						...	...	—
Deaths from Whooping Cough (all ages) per 1,000 of estimated population						...	...	0.1*

TABLE 2.

CAUSES OF DEATH OF QUEENSBURY AND SHELF

RESIDENTS IN 1951.

Cause of Death.					1951.		
					M.	F.	Total
1.	Tuberculosis—respiratory	...	...	...	1	—	1
2.	Tuberculosis—other	...	...	...	—	—	—
3.	Syphilitic disease	...	...	...	—	—	—
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	1	—	1
6.	Meningococcal Infections	...	...	...	1	—	1
7.	Acute Poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	...	—	—	—
10.	Malignant neoplasm stomach	...	...	...	2	3	5
11.	Malignant neoplasm, lung, bronchus	...	...	...	4	1	5
12.	Malignant neoplasm, breast	...	...	...	—	3	3
13.	Malignant neoplasm, uterus	...	...	...	—	1	1
14.	Other malignant and lymphatic neoplasms	...	...	...	3	6	9
15.	Leukoemia and aleukaemia	...	...	...	—	—	—
16.	Diabetes	...	...	...	—	1	1
17.	Vascular lesions of nervous system	...	...	...	6	9	15
18.	Coronary disease, angina	...	...	...	11	5	16
19.	Hypertension with heart disease	...	...	...	4	3	7
20.	Other heart disease	...	...	...	10	10	20
21.	Other circulatory disease	...	...	...	6	2	8
22.	Influenza	...	...	...	—	2	2
23.	Pneumonia	...	...	...	1	1	2
24.	Bronchitis	...	...	...	8	5	13
25.	Other disease of respiratory disease	...	...	...	—	1	1
26.	Ulcer of stomach and duodenum	...	...	...	1	1	2
27.	Gastritis, enteritis and diarrhoea	...	...	...	—	—	—
28.	Nephritis and nephrosis	...	...	...	—	3	3
29.	Hyperplasia of prostate	...	...	...	—	—	—
30.	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31.	Congenital malformations	...	...	...	1	—	1
32.	Other defined and ill-defined diseases	...	...	...	3	5	8
33.	Motor vehicle accidents	...	...	...	1	—	1
34.	All other accidents	...	...	...	1	1	2
35.	Suicide	...	...	...	1	—	1
36.	Homicide and operations of war	...	...	...	—	—	—
Totals					66	63	129

TABLE 3.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1951. Provisional figures based on Quarterly Returns.

			England and Wales	Queensbury and Shelf U.D.	148 Smaller Towns (Resident Population 25,000-50,000 at 1931 Census)	London Administrative County
Births—			Rates per 1,000 Home Population			
Live births	...	...	15.5	16.62	16.7	17.8
Still births	...	...	0.36	0.22	0.38	0.37
Deaths—						
All causes	...	...	12.5	13.96	12.5	13.1
Typhoid & paratyphoid	...	...	0.00	0.10	0.00	—
Whooping cough	...	...	0.01	0.11	0.01	0.01
Diphtheria	...	...	0.00	0.00	0.00	0.00
Tuberculosis	...	...	0.31	0.11	0.31	0.38
Influenza	...	...	0.38	0.22	0.38	0.23
Smallpox	...	...	0.00	0.00	0.00	—
Acute poliomyelitis (in- cluding polioencepha- litis)	...	...	0.00	0.00	0.01	0.00
Pneumonia	...	...	0.61	0.22	0.63	0.61
Notifications (Corrected)—						
Typhoid fever	...	...	0.00	0.00	0.00	0.01
Paratyphoid fever	...	...	0.02	0.00	0.02	0.01
Meningococcal infection	...	...	0.03	0.22	0.03	0.03
Scarlet fever	...	...	1.11	2.77	1.20	1.10
Whooping cough	...	...	3.87	5.11	4.00	3.11
Diphtheria	...	...	0.02	0.00	0.03	0.01
Erysipelas	...	...	0.14	3.88	0.12	0.15
Smallpox	...	...	0.00	0.00	0.00	—
Measles	...	...	14.07	19.44	14.82	14.64
Pneumonia	...	...	0.99	4.22	0.96	0.72
Acute poliomyelitis (in- cluding polioencepha- litis)—						
Paralytic	...	...	0.03	0.00	0.03	0.02
Non-paralytic	...	...	0.02	0.00	0.03	0.02
Food poisoning	...	...	0.13	0.66	0.08	0.23
Deaths—			Rates per 1,000 Live Births			
All causes under 1 year of age	...	...	29.6(a)	33.55	27.6	26.4
Enteritis and diarrhoea under 2 years of age	...	...	1.4	0.00	1.0	0.7
Notifications (Corrected)—			Rates per 1,000 Total (Live & Still Births)			
Puerperal fever and pyrexia	...	...	10.66	0.00	8.08	14.90
Maternal mortality	...	...	0.79	0.00	—	—

The estimate of the population of Queensbury and Shelf is the mid-year estimate of the Registrar General. His estimate is 8,965 compared with the mid-year estimate of 9,104 for 1950. He considers, therefore, that the population has decreased by 139.

Birth Rate.

The birth rate for the year is 16.62 per 1,000 of the population.

There were 2 illegitimate births, representing 1.33 per cent of the total live births and an illegitimate birth rate of 0.22 per 1,000 of the estimated population.

During the year there were 2 still births, which were legitimate. This gives a rate of 13.24 per 1,000 (live and still) births.

Death Rate.

The adjusted Death Rate for the District is 13.96 per 1,000 of the population. This is 0.51 above the rate for last year and 1.46 above the rate for England and Wales.

The chief causes of deaths this year were, in order of frequency :—

- 1. Diseases of the Heart and Circulation—51 compared with 53 in 1950.

Coronary disease is still the great killer. In spite of this we have not effective means at our disposal to control this deadly disease.

- 2. Cancer—23 (compared with 20 in 1950).
- 3. Inter-Cran. Vasc. Lesions—15 (compared with 18 in 1950).
- 4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—18 (compared with 8 in 1950).

It is almost an established fact that the expectation of life has increased to within the region of 10 years since the introduction of modern anti biotics, such as the sulphonamides, penicillin, streptomycin, etc. The net result of these is that so many more people live long enough to die of cardiac circulatory diseases, these being diseases due to old age.

We might mention that one disease which fatally affected adults suffering from valvular disease of the heart, namely sub acute infective endocarditis, is now amenable to treatment with massive doses of penicillin.

Infant Deaths.

5 children under one year of age died during the year, 2 died under four weeks of age

TABLE 4.
INFANTILE MORTALITY—1951
Queensbury and Shelf U.D.C.

Cause of Death.	Age at Death			Total
	Under 12 hours	1—3 months	Over 3 months —12 months	
Meningitis	—	1	1	2
Prematurity	1	—	—	1
Bronchopneumonia	—	1	—	1
Erythoblastosis foetalis ...	1	—	—	1
				—
				5
				—

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

NATIONAL HEALTH SERVICE ACT, 1946.

The object of this is to provide a comprehensive Health Service. There are three Bodies with particular duties to perform in each part of the country, bearing the names Regional Hospital Board, Local Health Authority and Executive Council. The Regional Hospital Boards are concerned with the Hospital and Specialist Services; the Local Health Authorities, namely County and County Borough Councils, are charged with the provision of Clinic and Environmental Services (preventive medicine) and the Executive Councils will administer the General Medical Services, the Pharmaceutical Services, the General Dental Services and the Supplementary Ophthalmic Services.

This area is served by the—

Leeds Regional Hospital Board,
29/31, Eastgate,
Leeds 2.

West Riding Executive Council,
5, St. John's North,
Wakefield.

The County Council of the West Riding of Yorkshire is the Local Health Authority for the whole of its area, and as such is responsible for the following services :—

- (1) The provision of Health Centres.
- (2) The Care of Mothers and Young Children.
- (3) Midwifery.
- (4) Health Visiting.
- (5) Home Nursing.
- (6) Vaccination and Immunisation.
- (7) Ambulance Services.
- (8) Prevention of Illness, Care and Aftercare.
- (9) Domestic Help.
- (10) Duties under the Lunacy and Mental Treatment Acts, and the Mental Deficiency Act.

The West Riding Health Department, which is responsible for administering the above services is divided into three divisions—Health, Welfare and Children. The work of the Health Division is decentralized into 31 Public Health Divisions, each with a divisional Medical Officer who is able to link up the Medical Services in his Divisions as he undertakes the administration of the School Health and Child Health Services.

The Divisional arrangement for this area is as shown below :—

Division No.			County District Councils.		Name, Address and Tele. No. of the Divisional Medical Officer of Health.	
18			Brighouse Urban		Dr. F. Appleton, Mill House	
			Elland Urban		Huddersfield Road, Brighouse.	
			Queensbury & Shelf Urban		Tel. : Brighouse 796.	

Public Health Officers of the District Council.

Medical Officer of Health—Dr. R. F. O'Sullivan, M.B., B.Ch.,
B.A.O.

Sanitary Inspector—W. E. Shelley, M.S.I.A., Cert.S.I.E.J.B.

Laboratory Facilities.

During the year the Public Health Laboratory Service undertook to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lee & Mallinder, Public Analysts, Halifax. The arrangement was also continued with the Pathologist of the Royal Halifax Infirmary for examination of clinical specimens.

Ambulance Services—General.

The services is available day and night throughout the district and ambulances are provided without charge to users of the service, subject to the following conditions :—

In the cases of accidents, sudden illness or urgent maternity cases calls will be answered without question whatever their source.

In other cases transport will be sent only on the declaration (which may be made orally) by a hospital officer, doctor or midwife that the patient is unfit to travel by ordinary means.

How to obtain ambulance.

Accidents (in the home or elsewhere) and **Sudden Illness** (in streets, public places and places of employment) Dial 999 (or in cases of non-dialling telephone, lift receiver and wait for operator to reply. When operator replies ask for "Ambulance." When connected give nature of the emergency, exact place the ambulance is needed and any other particulars asked for.

Other medical cases in need of transport.

Arrangements will be made by the hospital, doctor or other member of the medical service with the local ambulance depot below :—

County Ambulance Depot,
N.F.S. Station.
Halifax Road,
Brighouse.
Telephone Number Brighouse 840.

Ambulance Facilities—Infectious Diseases.

The arrangements for infectious diseases were the same as in previous years, the ambulance at the Northowram Isolation Hospital being utilised for this purposes.

Nursing in the Home.

Until commencement of operation of the National Health Service Act, the position remained as stated in the 1947 report. Under the new Act it is the duty of the local health authority to provide nurses to attend persons who require nursing in their own homes. This service is free of charge to the users. Owing to the general shortage of nurses complete service was impossible to provide from the 5th July, 1948, but it will be developed as circumstances permit. Application should be made to the Divisional Medical Officer who will give particulars of the service available. Nursing equipment and apparatus is available on loan for the use of persons being nursed at home. A charge is made for the loan of such equipment.

TREATMENT OF VENEREAL DISEASES.

The clinic at which any person who suspects that he or she may be suffering from Venereal Disease may be examined and, if necessary, treated as given in Table 4. Examination and treatment are free of charge. It is not essential that the patient should be referred to the clinic by a Medical Practitioner, although cases sent by doctors are welcomed. Any clinic may be attended, but the one mentioned in Table 4 is the one provided for this area.

DENTAL SERVICES.

Children attending schools maintained by the Education Authority.

Children are examined periodically in the schools by the dental officers employed by the County Council. If treatment is found to be necessary this is provided after the parental consent has been obtained. When a dental officer is not working in the immediate vicinity, treatment for emergency cases will be arranged on enquiry at the Divisional Medical Officer's Office.

Expectant and Nursing Mothers.

Expectant and nursing mothers requiring dental treatment are referred by the medical officers of the Infant Welfare Centres and Ante Natal clinics to the County Dental Officer.

In areas where the local health authority has established a dental clinic, treatment can be carried out there if the patient so wishes or, alternatively, by the private dental practitioner of her choice.

Pre-school Children.

Pre-school children requiring dental treatment are referred to the school dental officers from the Infant Welfare Centres and to the medical officers of the clinics. Enquiries regarding pre-school children not attending Infant Welfare Centres should be made to health visitors or the Divisional Medical Officer. The address of the clinics is given in Table 4.

TABLE 5. CLINICS AND TREATMENT CENTRES.

Name.	Location.	When Open.
Child Welfare Clinic	Cricket Club, Queensbury	... Every Tuesday 2 p.m. to 4 p.m.
" "	Witchfield Chapel, Shelf	... Every Monday 2 p.m. to 4 p.m.
Combined Ante-Natal and Post-Natal Clinics	Cricket Club, Queensbury	... 1st & 3rd Fridays 2 p.m. to 4 p.m.
Artificial Sunlight Clinic	Witchfield Chapel, Shelf	... Alternate Mondays 1-30 p.m. to 2 p.m.
Diphtheria Immunization Clinic	Brook House, Atlas Mill Rd., Brighouse	... This is also available at the Shelf Clinic.
Dental Clinic	Carried out Child Welfare Clinics.	
Chest Clinic	Bonegate House, Brighouse	...
	Royal Infirmary, Halifax	... Outpatient Dept.—by appointment.
		Men.
Venereal Diseases Clinic	St. Luke's Hospital, Bradford	... Mon. & Sat. 9-30 a.m. Mon. 5-7 p.m.
" "	Royal Infirmary, Halifax	... Tues. 5-7 p.m. Fri. 10 a.m.
Scabies Treatment Centre	General Hospital, Halifax	... Thurs. 6-8 p.m. Tues. 3-30-4-30 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic and Orthopædic	Brook House, Atlas Mill Rd., Brighouse	... 6-0-8-0 p.m.
Orthoptic Clinic	Brook House, Atlas Mill Rd., Brighouse	By appointment.

Clinics and Treatment Centres.

- These are set out in Table 4.

With the formation of Division 18 greatly increased facilities became available to the school children and pre-school population of this Urban District. At the Central Clinic for the Division, situated in Altas Mill Road, Brighouse, the following branches of specialist treatment are now available :—Ophthalmic, Orthoptic, Ear, Nose and Throat, Orthopædic, Remedial Exercises and Artificial Sunlight

Scabies Treatment.

There is no special clinic in this district for the treatment of Scabies or for the cleansing of verminous persons or children, but arrangements were continued with the Halifax General Hospital for treatment to be carried out there.

HOSPITALS.

A. Fever.

Cases of infectious disease are now treated by arrangement with Halifax Area Hospital Board in their Fever Hospital.

B. Smallpox.

Accommodation for any cases of smallpox occurring in the district will be provided by the Leeds Hospital Board. No cases occurred during the year in the district.

C. Tuberculosis.

Patients suffering from Tuberculosis and contacts of patients with this disease are under the care of the West Riding County Council. Arrangements are as listed in the Table 4. Where hospital treatment was necessary arrangements were made for admission to Sanatoria under the County Council's control.

D. Maternity.

Use is made of the Hospitals of neighbouring Authorities.

The demand for maternity hospital accommodation is very considerable, but all first babies being potentially abnormal have a priority claim on maternity hospital accommodation. Unsuitable home conditions, however, have to be taken into account in assessing those cases which are more suitable for confinement in hospital than at home. Unsuitable home conditions are reported to, or by, district midwives, Health Visitors and General Practitioners. Maternity hospital accommodation in this district is excellent. No patient need be confined at home who would be better in hospital.

MIDWIFERY.

The local health authority is responsible for providing either certified midwives or maternity nurses for attendance on women in their homes during childbirth and, from time to time, during the lying-in period. An expectant mother should make application to the midwife; if she does not know the name and address of the midwife she should communicate with the Divisional Medical Officer who will supply a list of midwives in the district.

Should medical assistance be required by the midwife she may call in a general practitioner obstetrician without cost to the patient.

The Regional Hospital Boards are responsible for the provision of beds in maternity homes and hospitals.

All maternity services are obtainable free.

There is also an additional maternity grant and allowance amounting in total to £8.

MATERNITY AND CHILD WELFARE CENTRES.

These are established in convenient areas where mothers can obtain expert advice regarding their own health and that of their children. Particulars as to their location, day and times of sessions, are given in Table 4. It is not necessary to have a doctor's note or any other form of recommendation to attend these clinics

Consultant opinion, hospital treatment and specialist investigations, if required, are arranged through the Divisional Health Office on the recommendation of the medical officer in charge of the clinic. Maternity outfits are available at the clinics.

HEALTH VISITING.

The health visitor has comprehensive duties concerning the health of the household as a whole. At present she is primarily concerned with the care of mothers and young children, but under the National Health Service Act she, in addition, takes a part in general health education of the family, precautions against spread of infection in the home and gives advice on the care of ill persons. Enquiries regarding a health visitor should be addressed to the Divisional Medical Officer.

NATIONAL ASSISTANCE ACT, 1948.

No cases arose in this area during 1951 necessitating any action under the above Act.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General.

The notifiable diseases most prevalent during 1951 were Measles and Whooping Cough.

Diphtheria.

During 1951 there were no cases of Diphtheria notified in the district

As already stated, the incidence of immunity has fallen to a low level and renewed efforts are in hand to bring the level up to 75% in children

Smallpox.
No cases of smallpox occurred during 1951. It is interesting to note that in 1750 one out of every 5½ children born died of smallpox.

The numbers vaccinated during the year were:—

Vaccination.

			Under 1.	1-4	5-14	15 or over	Total
Primary	...	...	7	84	119	127	337
Re-Vaccination	...	...	—	2	29	85	116

Puerperal Pyrexia.

No cases of Puerperal Pyrexia were notified as occurring in the district during 1951. Praise due to the midwives.

Ophthalmia Neonatorum.

This disease has lost all its dire effects since the advent of penicillin.

Pneumonia.

38 cases of Pneumonia were notified, compared with 17 in 1950. There were 2 deaths.

Tuberculosis.

The statistics relating to Tuberculosis are presented in tabular form in Table 7.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulation, 1925, nor under the Public Health Act, 1936, Section 172.

Tuberculosis is a disease which predominates in overcrowded conditions. Poor housing conditions are inseparable from a high tuberculosis rate, and we must, if we ever wish to eradicate this curse from society, give all our energies towards improving the standard of housing.

Tuberculosis Services.

This area is served by the Tuberculosis Centre at the Halifax Royal Infirmary under the care of the Consultant Chest Physician, Doctor B. Mann.

Home Visiting.

Trained Tuberculosis Visitors are on the staff of the Divisional Medical Officer to carry out visits at the home of the tuberculous patient and advise on the care of the patient, his diet, the hygiene of the home and generally to assist in minimising the difficulties confronting the tuberculous household.

Co-operation with Housing Authorities.

Liaison is maintained with housing authorities to ensure the highest possible degree of rehousing priority for tuberculous patients and their families where this is necessary. As a temporary measure a patient living in a crowded house and unable to use a separate bedroom may be provided with an open air sleeping shelter.

Provision of Ancillary Benefits.

With the object of encouraging a high constitutional resistance to the disease grants of extra nourishment, at present restricted to additional market supplies, are made. Bed, bedding and nursing requisites may be supplied on loan to patients. Clothing and foot wear can be issued where found necessary.

Care of Dependants.

Nursing a tuberculous patient back to health at home may be a long and tedious process inflicting severe physical and mental strain upon the relatives. The authority is endeavouring to establish convalescent homes where relatives may gain a respite from the onerous daily routine. These homes will also provide temporary accommodation for the children of infected parents to ensure their removal from the danger of infection and leave the parents free to undertake long term treatment. Until suitable premises can be obtained and equipped, arrangements will be continued for the boarding out of children from tuberculous families in private houses and with relatives.

Rehabilitation.

The authority's responsibility does not necessarily end with the patient's ability to return to work. The patient may have lost touch with his previous employment or have been advised to secure work better suited to his physical limitations. Tuberculous patients may register under the Disabled Persons (Employment) Act, 1944, and enhance their prospects of obtaining sheltered employment. Rehabilitation Centres are in existence where patients may be trained in a trade and eventually absorbed into industry as skilled tradesmen. Any further information required can be obtained from the Tuberculosis Centre.

Acute Anterior Poliomyelitis.

No cases of Acute Anterior Poliomyelitis were notified during 1951.

Scarlet Fever.

During 1951 there were 25 cases of Scarlet Fever, the same number as in 1950. All these cases were of a very mild type and in no case did complications occur.

The Scarlet Fever prevalent is now a very mild condition and apart from its infectivity would not necessitate hospital treatment.

Enteric Fever.

There were no cases of Typhoid or Paratyphoid.

Erysipelas.

There were 35 cases of Erysipelas during the year, compared with 29 cases in 1950. None of these cases were severe in character.

Measles.

175 cases were notified during the year compared with 51 cases last year. There were no deaths.

Whooping Cough.

This year there were 46 cases of Whooping Cough notified, compared with 47 cases in 1950. There was 1 death.

We would like it to be known that there is now a vaccine in use which has up to a 75% success rate for immunisation of children. It is of special use for those under one year who are the greatest victims of this disease

Immunisation is free and can be had from any of the General Practitioners or the Welfare Clinic. We hope that an increasing number of parents will take advantage of this service.

Cancer.

23 deaths—9 males and 14 females—were registered as being caused by some form of malignant disease. These figures show an increase of 2 cases over the 1950 figures.

Whereas the mortality figures for Cancer do not appear to be greatly improved it should be remembered that the diagnosis of cases is now more frequently made due to more expert methods of investigation. With more effective methods of treatment, both by radio therapy and surgery, in spite of the increased number of cases being diagnosed the mortality figures are still agreeably low. Arrangements for the treatment of cancer cases are made through the Hospital Board.

Food Poisoning.

6 individual cases only.

TABLE 6.
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1951.

Month	Scarlet Fever	Tuberculosis			Diphtheria	Food Poisoning	Puerperal Pyrexia	Measles	Mumps	Whooping Cough	Sonne Dysentery	Meningococcal Meningitis	Gastro Enteritis	Totals
January	2	—	1	9	3	—	—	22	—	4	—	1	—	42
February	2	1	—	5	5	1	—	26	—	7	—	—	—	47
March	9	1	—	2	2	—	—	32	—	10	1	—	—	57
April	4	—	1	1	3	—	—	25	—	2	—	—	4	40
May	—	—	1	2	2	—	—	48	—	5	1	—	3	62
June	—	2	—	2	2	—	—	7	—	3	—	—	1	17
July	1	—	—	2	1	1	—	3	—	2	2	—	3	15
August	1	3	—	3	3	1	—	7	—	2	4	—	2	26
September	1	1	1	1	6	2	—	2	—	4	—	1	—	19
October	1	1	—	4	3	1	—	2	—	1	2	—	2	17
November	2	—	—	2	2	—	—	1	—	4	—	—	—	11
December	2	1	—	5	3	—	—	—	—	2	—	—	2	15
Totals	25	10	4	38	35	6	—	175	—	46	10	2	17	368

TABLE 7.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1951

Disease.					Cases Notified.	Admitted to Hospital.	Total Deaths.
Measles	...	...	...	...	175	—	—
Whooping Cough	...	...	...	...	46	—	1
Smallpox	...	...	...	...	—	—	—
Scarlet Fever	...	...	...	...	25	22	—
Diphtheria	...	...	...	...	—	—	—
Pneumonia	...	...	...	...	38	—	2
Erysipelas	...	...	...	...	35	—	—
Mumps	...	...	...	...	—	—	—
Puerperal Pyrexia	...	...	...	...	—	—	—
Meningococcal Infection	...	...	...	...	1	1	1
Dysentery	...	...	...	...	10	—	—
Paratyphoid	...	...	...	...	—	—	—
Food Poisoning	...	...	...	...	6	—	—
Totals					335	22	4

TABLE 8.

TUBERCULOSIS—New Cases and Mortality during 1951.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0- 1 ...	—	—	—	—	—	—	—	—
1- 5 ...	—	—	—	1	—	—	—	—
5-10 ...	—	—	3	—	—	—	—	—
10-15 ...	—	—	—	—	—	—	—	—
15-20 ...	—	1	—	—	—	—	—	—
20-25 ...	—	5	—	—	—	—	—	—
25-35 ...	1	—	—	—	—	—	—	—
35-45 ...	2	—	—	—	—	—	—	—
45-55 ...	1	—	—	—	—	—	—	—
55-65 ...	—	—	—	—	1	—	—	—
65 and upwards	—	—	—	—	—	—	—	—
Totals ...	4	6	3	1	1	—	—	—

TABLE 9.

ANNUAL INCIDENCE OF VARIOUS INFECTIOUS DISEASES
IN QUEENSBURY & SHELF SINCE 1928.

		Small- pox	Scarlet Fever	Diph- theria	Enteric Fever	Ery- sipelas	Tuberculosis:			Pneu- monia	Food Poison- ing
							Lungs	Other	Total		
1928	...	2	68	—	2	9	No figures			4	—
1930	..	8	59	17	2	—	3	—	3	9	—
1931	...	27	34	13	—	12	9	—	9	14	—
1932	...	—	24	2	—	7	3	2	5	12	—
1933	...	—	52	2	—	4	11	2	13	7	—
1934	...	—	34	10	—	1	6	2	8	6	—
1935	...	—	38	30	—	4	3	2	5	3	—
1936	...	—	91	14	—	3	6	3	9	8	—
1937	...	—	88	26	—	1	4	2	6	5	—
1938	...	—	85	25	—	5	—	—	—	5	—
1939	...	—	22	13	—	5	4	—	4	5	—
1940	...	—	9	8	—	5	2	1	3	5	—
1941	...	—	19	6	—	7	6	3	9	5	—
1942	...	—	102	6	—	13	6	—	6	22	—
1943	...	—	40	10	—	11	8	3	11	23	Not Previously Notifiable.
1944	...	—	15	8	—	8	2	—	2	7	
1945	...	—	31	4	—	1	9	—	9	9	
1946	...	—	11	2	9	5	3	—	3	4	
1947	...	—	42	2	2	9	4	1	5	9	
1948	...	—	38	4	1	9	5	2	7	19	
1949	...	—	44	—	—	21	8	3	11	17	
1950	...	—	25	—	—	29	11	6	17	42	2
1951	...	—	25	—	—	35	10	4	14	38	6

TABLE 10.

Annual Birth and Infantile Mortality Rates in Queensbury & Shelf since 1897.

Year.	Queensbury.		Birth Rate for England & Wales.	Salf.		Queensbury.			England & Wales.			Shelf.	
	Population.	Births.		Rate per 1,000 population.	Population.	Birth.	Rate per 1,000 population, under 1 year, live births.	Deaths of Infants, under 1 year, live births.	Infantile Mortality Rate per 1,000 live births.	Deaths of Infants, under 1 year, live births.	Infantile Mortality Rate per 1,000 live births.		
1897	...	6912	23.43	29.7	2600	62	20.4	11	67.9	156	9	145.01	
1898	...	6937	23.06	29.4	2550	57	22.3	20	125.0	160	9	157.8	
1899	...	6990	18.01	29.3	2500	66	24.0	21	166.6	163	10	151.5	
1900	...	7000	18.57	28.9	2500	58	23.2	14	109.69	154	6	103.0	
1901	...	6416	24.15	28.5	2500	55	25.6	19	123.58	151	6	109.0	
1902	...	6425	18.98	28.6	2500	45	18.0	13	106.55	133	13	288.8	
1903	...	6468	22.10	28.4	2500	47	18.0	9	62.98	132	3	63.8	
1904	...	6494	17.70	27.9	2500	46	18.4	4	34.77	145	4	95.23	
1905	...	6510	18.43	27.2	2500	37	14.8	20	166.66	128	3	81.08	
1906	...	6530	16.84	27.0	2500	41	16.4	8	72.72	132	6	146.34	
1907	...	6530	17.76	26.3	2500	40	16.0	21	181.03	116	6	150.0	
1908	...	6530	14.24	26.5	2500	47	18.8	10	107.0	120	3	63.8	
1909	...	6530	14.24	25.6	2500	34	13.2	6	64.0	109	3	96.7	
1910	...	6530	13.62	24.8	2500	36	14.4	5	56.0	105	5	135.8	
1911	...	6135	13.30	24.4	2334	33	14.13	15	182.0	130	4	121.2	
1912	...	6135	12.71	23.8	2334	32	13.71	6	76.0	195	2	95.2	
1913	...	6135	12.55	23.9	2350	33	13.66	8	103.0	108	2	66.2	
1914	...	6135	15.48	23.8	2400	27	11.25	13	136.0	105	1	37.03	
1915	...	...	...	21.8	2480	31	12.5	...	...	110	0	0.0	
1919	...	...	...	18.5	2200	20	9.1	...	...	89	4	190.5	

1920	...	25.4	2288	42	18.35	80	2	47.6
1921	...	22.4	2430	32	13.16	83	6	187.5
1922	...	20.6	2442	47	19.0	77	5	156.3
1923	...	19.7	2459	27	10.8	69	1	41.0
1924	...	14.03	2444	30	12.2	75	4	163.6
1925	...	13.76	2431	36	14.8	75	3	123.4
1926	...	16.42	2511	26	10.7	70	2	109.6
1927	...	14.79	2562	31	12.1	69	3	110.7
1928	...	15.08	2631	30	11.4	65	2	68.9
1929	...	15.48	2600	36	10.3	74	1	26.0
1930	...	12.64	2600	30	11.5	60	—	—
1931	...	11.14	2660	30	11.2	66	—	—
1932	...	12.1	2660	22	8.4	65	2	99.9
1933	...	15.18	2660	16	6.0	64	2	125.0
1934	...	13.9	2820	23	8.15	59	—	—
1935	...	12.28	2880	27	9.83	57	—	—
1936	...	14.06	2900	30	10.35	59	—	—
Combined Area.								
1937	...	16.20	14.9	6	42.86	58		
1938	...	14.00	15.1	2	16.39	53		
1939	...	12.32	15.0	6	57.14	50		
1940	...	13.00	14.6	7	7.9	53		
1941	...	11.45	14.2	5	5	59		
1942	...	16.37	15.8	11	82.33	49		
1943	...	13.61	16.5	2	18.01	49		
1944	...	18.38	17.6	12	14.8	46		
1945	...	13.22	16.1	5	46.7	46		
1946	...	19.6	19.1	10	60.0	43		
1947	...	21.7	20.5	8	42.0	41		
1948	...	20.33	17.9	5	27.3	34		
1949	...	4.99	16.7	3	20.13	32		
1950	...	15.59	15.8	1	7.04	29.8		
1951	...	16.62	15.5	5	34.01	29.6		

TABLE 11.
ANNUAL DEATHS FROM SPECIFIED CAUSES IN QUEENSBURY AND SHELF SINCE 1937

Year.	Maternal Deaths			Number of Deaths from Various Causes, and Rates per 1,000 of Population.			Scarlet Fever.			Whooping Cough.			Diphtheria.		
	Puer-peral Sepsis.	Other Puer-peral.	Total Death Rate per 1,000 Total Births.	Typhoid Typhoid Fevers	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.
1937	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	2	0.23	—
1938	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1939	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	1	0.11	—
1940	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1941	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1942	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	1	0.12	—
1943	...	2	18.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1944	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1945	...	1	9.20	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1946	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1947	...	1	5.90	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1948	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1949	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1950	...	—	0.00	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—
1951	...	—	0.00	—	—	0.00	—	0.00	—	0.00	1	0.16	—	0.00	—

Year.	Bronchitis.			Cancer.			Pneumonia.			Lungs.			Tuberculosis, Other.			Total.			All Causes.		
	No.	Rate.	No.	No.	Rate.	No.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	No.	Rate.	No.	No.	Rate.	No.
1937	...	1	0.12	14	1.62	6	0.69	3	0.34	1	0.12	1	0.12	4	0.46	141	16.32	4	141	16.32	141
1938	...	2	0.23	18	2.08	2	0.23	1	0.11	2	0.23	2	0.23	3	0.34	122	14.12	3	122	14.12	122
1939	...	2	0.23	21	2.43	3	0.33	2	0.23	—	—	—	—	2	0.23	124	14.36	2	124	14.36	124
1940	...	6	0.69	17	1.91	9	1.02	3	0.34	—	—	—	—	3	0.34	129	14.57	3	129	14.57	129
1941	...	10	1.14	14	1.60	4	0.46	1	0.11	1	0.11	1	0.11	2	0.22	124	14.21	2	124	14.21	124
1942	...	3	0.35	19	2.27	3	0.35	6	0.71	—	—	—	—	6	0.71	132	15.78	6	132	15.78	132
1943	...	6	0.73	11	1.34	10	1.22	1	0.12	1	0.12	1	0.12	2	0.24	118	14.46	2	118	14.46	118
1944	...	7	0.86	19	2.46	2	0.25	1	0.13	—	—	—	—	1	0.13	118	14.55	1	118	14.55	118
1945	...	5	0.61	27	3.33	11	1.35	4	0.49	—	—	—	—	4	0.49	145	17.95	4	145	17.95	145
1946	...	4	0.46	21	2.45	5	0.58	3	0.35	—	—	—	—	3	0.35	128	14.90	3	128	14.90	128
1947	...	3	0.34	26	2.72	4	0.45	4	0.45	—	—	—	—	5	0.56	123	14.00	5	123	14.00	123
1948	...	8	0.88	24	2.66	1	0.11	4	0.44	—	—	—	—	5	0.55	105	11.66	5	105	11.66	105
1949	...	7	0.77	18	1.99	6	0.66	4	0.44	—	—	—	—	4	0.44	140	15.55	4	140	15.55	140
1950	...	6	0.65	20	2.19	2	0.21	1	0.10	—	—	—	—	1	0.10	125	13.73	1	125	13.73	125
1951	...	13	1.45	23	2.56	2	0.21	1	0.10	—	—	—	—	1	0.10	129	13.96	1	129	13.96	129

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

I am obliged to S. Drake, Waterworks Engineer, for the information given below.

Water is supplied in bulk from Bradford Corporation at six points as follows:-

Mountain, Queensbury.
Albert Road, Queensbury.
Stags Head, Queensbury.
Soaper Lane, Shelf.
Cooper Lane, Shelf.
Halifax Road, Buttershaw, Bradford.

The Mountain supply is pumped into the Mountain Reservoir and the other five supplies feed direct into the mains. The reservoir capacity is one million gallons. Treatment of the water, filtration and sterilisation, has taken place prior to the water being received from any of these points. The supply in this area, in all parts, has been satisfactory in both quality and quantity. Samples taken for bacteriological examination have been constantly satisfactory.

In the whole of the district there are now only 34 properties without a piped supply of Council water and of these 34, 10 have satisfactory piped supplies from private sources. In all cases supplies are direct to houses, there being no stand pipes in the district for domestic supplies.

The main extensions have proceeded at the housing estates at Hungerhill, Cockhill and Albert Road Bungalow Site. The consumption figures for 1951 are given below :—

Queensbury	...	50,204,000	gallons (domestic use)
Shelf	...	26,589,000	„ „
Combined	...	76,793,000	„ „
Queensbury	...	8,640,000	„ (trade use)
Shelf	...	7,129,000	„ „
Combined	...	15,769,000	„ „

Shibden Sewage Works. The sewage is treated at the works which consist of detritus tanks, precipitation tanks, percolating filters and/or land area filters and humus tanks.

A satisfactory effluent has been maintained and the analyses of samples taken by the Yorkshire Ouse River Board have been to the required standard.

Agreement has been reached with E. Illingworth & Co., Ltd, to receive the trade waste from the Shelf Mills, this waste now being conveyed via the Council's sewers for treatment at the Woodfall Works.

Woodfall Works. These works consist of detritus tanks, precipitation tanks, percolating filters and humus tanks.

The capacity of the works is not sufficient for the present day flow but every endeavour is made to ensure that the effluent is as good as possible.

Lumbrook Works. The Lumbrook Works consist of detritus tanks, precipitation tanks, and percolating filters.

These works are also inadequate to deal with the present flow, but are operated in the best manner possible in the circumstances.

The Council is aware of the inadequacy of both the Woodfall and Lumbrook Works and is taking steps to provide alternative means of sewage disposal in Shelf. A scheme has been prepared for the sewage from the Lumbrook area to go to Brighouse Corporation for treatment and details will shortly be submitted to the Ministry of Health.

At the end of 1950 there were 242 houses not connected to a sewer.

HOUSING STATISTICS, 1951.

(1) Inspection of dwelling houses during the year—		
Number of houses inspected for defects	... ..	179
Number of inspections made for purpose	... ..	301
Number of houses inspected and recorded under the Housing Consolidated Regulations	... ..	95
Number of houses needing further action :—		
(a) Number considered to be unfit for human habitation	... ..	20
(b) Number not in all respects reasonably fit for human habitation	... ..	75
(2) Remedy of defects during the year without service of formal notices—		
Number of houses rendered fit by informal action	... ..	33
(3) Action under Statutory Powers—		
A. Proceedings under Sections 9, 10 and 16 of Housing Act, 1936.		
(1) Number of houses in respect of which notices were served requiring repairs	... ..	21
(2) Number of houses rendered fit after service of formal notices :—		
(a) By owners	... ..	25
(b) By L.A.	... ..	2
B. Proceedings under Public Health Acts.		
(1) Number of houses in respect of which notices were served requiring repairs	... ..	9
(2) Number of houses in which defects were remedied after service of formal notices :—		
(a) By owners	... ..	3
(b) By L.A. in default	... ..	5
C. Proceedings under Sections 11 and 13 of Housing Act, 1936.		
(1) Number of representations, etc., made in respect of dwellinghouses unfit for human habitation	... ..	18
(2) Number of houses in respect of which Demolition Orders were made	... ..	11
(3) Number of houses demolished in pursuance of Demolition Orders	... ..	—
D. Proceedings under Section 12 of the Housing Act, 1936.		
(1) Number of underground rooms in respect of which Closing Orders were made	... ..	2
(2) Number of underground rooms, the Closing Orders in respect of which were determined, the room having been made fit	... ..	2
(4) Housing Act, 1936—Part IV.—Overcrowding—		
(a) (1) Number of dwellings overcrowded at end of year	... ..	51
(2) Number of families dwelling therein	... ..	56
(3) Number of persons dwelling therein	... ..	170
(b) Number of new cases of overcrowding reported during the year	... ..	1
(c) (1) Number of cases of overcrowding relieved during the year	... ..	5
(2) Number of persons concerned in such cases	... ..	26

FACTORIES ACTS, 1937 AND 1943.

PART I. OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)—

Premises	Number on Register	Inspections	Number of Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities †	48	46	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	9	9	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority ‡ (excluding out-workers' premises)	1	2	—	—
Total	58	57	4	—

2. Cases in which DEFECTS were found—

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	3	2	—	2	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	1	1	—	1	—
(b) Unsuitable or defective... ..	10	10	—	8	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	2	—	2	—
Total	16	15	—	13	—

COUNCIL HOUSING.

I am indebted to Mr. J. E. Hall, the Housing Manager, for the information given below.

In the provision of post-war council houses the work on the Moor Close, Westercroft and Burned Road sites has been completed and thirty-two houses have been let on the Hungerhill Site this year. The 18 houses at Cockhill and some bungalows will be available shortly.

Of the present list of applicants for houses approximately one-third are known to be living in accommodation which is insufficient for the size of the family.

Council's Proposals for Housing.

The programme of housing is—

Queensbury—Bungalow Site	...	...	...	10 houses
Hungerhill	...	...	...	46 houses & flats
Shelf—Cockhill Site	...	...	...	18 houses
				74

At 31st December, 1951, the state of completion of post-war houses

Queensbury—Moor Close Site	...	...	...	23
Hungerhill	...	...	...	32
Shelf—Burn Road Site	...	...	...	34
Westercroft	...	...	...	8
				97

Council Houses existing December, 1951.

The number of houses now owned by the Council is 209, and is made up of 38 old people's bungalows and 171 three bedroom houses. The current rents chargeable on the various estates are as follows:—

Old People's Bungalows.

				50 wks. coll.		
Situation				No. of Houses	Net Weekly Rent	Weekly Rate etc.
Albion Street	...	...	...	8	3s. 6d.	2s. 11d.
The Grove	...	...	...	10	3s. 6d.	2s. 11d.
Burnside	...	...	...	20	3s. 6d.	2s. 11d.

Three Bedroomed Houses.

Russell Hall Lane	...	...	...	6	8s. 3d.	6s. 3d.
(Non Parlour Type)	...	...	...		to 10s. 3d.	
Russell Avenue (Parlour Type)	...	...	...	6	9s. 6d.	6s. 9d.
Russell Avenue	...	...	...	6	8s. 3d.	6s. 3d.
(Non Parlour Type)	...	...	...		to 10s. 3d.	
Russell Road (Parlour Type)	...	...	...	12	9s. 6d.	6s. 9d.
Russell Road (Non Parlour Type)	...	...	...	2	10s. 3d.	6s. 3d.
Westfield Terrace (Parlour Type)	...	...	...	2	9s. 6d.	6s. 9d.
Westfield Terrace (Non Parlour Type)	...	...	...	12	8s. 3d.	6s. 3d.
Moorclose Lane (Parlour Type)	...	...	...	3	10s. 10d.	7s. 4d.
Moorclose Lane (Parlour Type)	...	...	...	1	11s. 7d.	7s. 10d.
Moorclose Avenue (Parlour Type)	...	...	...	5	11s. 7d.	7s. 10d.
do.	...	...	...	1	10s. 3d.	7s. 4d.
do.	...	...	...	13	10s. 10d.	7s. 4d.
Burnley Hill Terrace (Parlour Type)	...	...	...	4	9s. 6d.	6s. 9d.
Burnley Hill Terrace	...	...	...	20	8s. 3d.	6s. 3d.
(Non Parlour Type)	...	...	...		to 9s. 8d.	

Situation	No. of Houses	Net Weekly Rent	Weekly Rate etc.
Westcroft Avenue (Dining Recess Type)	8	11s. 6d.	7s. 10d.
Burned Road (Parlour Type) ...	4	11s. 8d.	8s. 4d.
Burned Road (Dining Recess Type)	2	10s. 3d.	7s. 9d.
Burnside Avenue (Parlour Type)	10	11s. 6d. to 11s. 8d.	8s. 4d.
Burnside Avenue (Dining Recess Type)	18	10s. 3d.	7s. 9d.
Ridgeway (Dining Recess Type) ...	10	19s. 0d.	9s. 2d.
Hillcrest Road (do.) ...	22	19s. 0d.	9s. 2d.

There are no houses provided for Agricultural Workers.



HOUSING PROGRESS IN THE AREA SINCE 1919.

Year.	Houses built by private enterprise, including subsidy		Houses built by Local Authority to let or for sale.	
	Queensbury.	Shelf.	Queensbury.	Shelf.
1919	—	—	—	—
1920	—	2	—	—
1921	—	1	12	—
1922	—	1	—	—
1923	—	1	—	—
1924	2	7	—	—
1925	2	9	—	2
1926	2	—	12	—
1927	3	—	24	—
1928	?	2	—	8
1929	—	—	—	—
1930	—	3	—	8
1931	—	—	—	—
1932	16	43	—	8
1933	45	47	—	4
1934	89	58	—	4
1935	45	19	—	6
1936	10	15	12	—
	Queensbury and Shelf.		Queensbury and Shelf.	
1937	21	—	6	—
1938	33	—	—	—
1939	9	—	24	—
1940	—	—	20	—
1941-45	—	—	—	—
1946	6	—	—	—
1947	19	—	20	—
1948	3	—	25	—
1949	2	—	20	—
1950	3	—	24	—
1951	—	—	8	—

To the Chairman and Members of the Council.

It is with pleasure that I submit a report on the year 1951 covering the work of my department. This is the first time that I have had a separate section under my own name, and I welcome the opportunity afforded me by your Medical Officer of Health to provide this as part of my report. It is, I think, only proper that the official responsible for a department should report on it.

The outstanding feature of the year was the Health Exhibition. As far as I know this was the first venture of its kind by this Council, and even if there were a few minor criticisms made of it I feel that it lifted the Public Health Committee completely out of that class of committees which does as little as possible and then only when forced. Your Medical Officer has already commented upon it. I would like to pay tribute to him for the enormous amount of work he cheerfully shouldered when I fell sick. It is to him that the success of the exhibition was due.

Refuse collection and disposal proceeded throughout the year without any great hitch, and a weekly collection was maintained, both of ash bins and of nail closets and privy middens. This is a thing which affords me satisfaction and the men doing the job deserve word of praise for the pride they take in maintaining our collection at a level comparable with any other authority in this district.

It has been a grand year for salvage, the gross income during the financial year ending 31st March, 1952, being £1,436. The quantity of salvage collected is creeping steadily up, but we shall not be satisfied until we attain the target of 1 ton of wastepaper per 1,000 population per month.

The work of Rodent Control is also ever increasing, and we are finding that former prejudices are breaking down. Whereas at one time the whole thing was treated with suspicion by the man in the street we now find we are more and more being welcomed and sent for. Successful treatments are very convincing arguments.

Attention to housing defects and complaints is a continuous process, and although at times results are slow in coming I think that good results are obtained. More could possibly be done if more time were available for inspection and the writing out of the necessary repair schedules. It is true to say that there is too much work for one inspector in this area if everything is to be looked after properly and the best I can do is to give what time is available to different matters in the proportion I judge proper, bearing in mind the principle of "the greatest good for the greatest number." During the year 20 houses were represented as unfit for human habitation, 2 were closed, 11 were the subject of demolition orders, and the remainder were still under consideration at the year end. Whatever the influence of such action is on other sections of the housing problem, it is indeed good to the Sanitary Inspector to be able to write "finis" to those houses demolished. It is positive action and keeps the population, landlords and tenants aware of the Council's attitude towards substandard property.

With regard to clean food we have a high standard of food premises generally. I am the secretary of the Traders Guild of Hygiene, which is a very active body in this area, and I feel that it is playing a very useful part in that aspect of food hygiene which inspections alone cannot improve—that is in the education of the food handler. The guild arranged talks and film shows for the public during the winter of 1951/52 but these were not well supported.

It is therefore proposed to try a different method of approach by a "Clean Food" week or some such event, utilizing trade members' windows for exhibition purposes. Even if the public learn little the traders themselves will learn a lot, and they are the people who matter

most. The Guild is self supporting financially, and has achieved a reputation already for doing a good job in whatever it sets out to do.

The year has not been one of sensation, the sort of year we recall as "the year of the smallpox scare" or "the year we had paratyphoid," and in these regards it has been a satisfactory year.

May I, in conclusion, thank the Chairman, Vice-Chairman and the Members of the Health Committee for their continued confidence and support in all matters referred to them for their consideration, and to the officials for their help at all times but especially during my absence from work in Autumn, 1951, and finally a word of appreciation to your Medical Officer—he is a source of inspiration at all times.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. E. SHELLEY,

Sanitary Inspector.

HEALTH EXHIBITION.

This exhibition was presented by the Queensbury and Shelf U.D.C. in conjunction with the Ministry of Agriculture and Fisheries from Monday 8th October, 1951, to Thursday, 11th October, 1951, inclusive. There was a ceremonial opening at 7 p.m. on Monday, 8th October, by Mr. John Edwards, O.B.E., M.P., supported by Councillor Mrs. M. E. McCreath, C.C., J.P., Chairman of the Council, Mr. J. H. Moore, Chairman of the Public Health Committee, Members of the Council, and Mr. J. A. MacDonald, Chairman of the Traders Guild of Hygiene. An audience of approximately 400 attended the opening ceremony, which was publicised by the Black Dyke Mills Junior Band marching through the village, preceded by two members of the Boys Brigade carrying a banner. Admission was free. The exhibition comprised some 15 stands as below :—

Stand No. 1 : The Clean Shop.

This showed a clean and attractively dressed shop—emphasis being on the protection of food from contamination.

Stand No. 2 : The Dirty Shop.

This was in direct contrast to the clean shop and was intended to show how foodstuffs should not be treated.

Stand No. 3 : The Clean Kitchen.

Stand No. 4 : The Dirty Kitchen.

These two stands were fitted up with as near as possible identical fittings to illustrate that hygiene in the home depends on the occupant's ways, and not in having hygienic fittings.

Stand No. 5 : Clean Air.

This showed appliances whereby the domestic part of atmospheric pollution could be greatly reduced.

Stand No. 6 : Mass Radiography.

This showed the working of a mass radiography unit in its work of detecting lung conditions.

Stand No. 7 : Clean Ice Cream.

The complete process of manufacture from pasteurization to automatic packaging depicted by charts, photographs and models.

Stand No. 8 : Electricity and Health.

A stand showing electrical aids to hygiene in the home and factory.

Stand No. 9 : Road Safety.

A stand showing the need for care on the roads, supplemented by a film strip projector.

Stand No. 10 : Gas and Health.

Shows gas aids to hygiene in the home and factory.

Stand No. 11 : Maternity and Child Welfare.

A stand devoted to the services provided by the Local Health authority.

Stand No. 12 : Welfare Foods.

Stand advertizing the foods provided by the Ministry of Food Welfare Division.

Stand No. 13 : Public Health Laboratory.

This exhibit comprised culture plates showing bacteria grown from persons suffering from various diseases, and exhibits illustrating the examination of water and other foods in laboratory control.

Stand No. 14 : Infestation Control.

This exhibit showed the danger of infection by rats and mice and the method of prevention. The Infestation Control Division of the Ministry of Agriculture and Fisheries is responsible for the control of rats, mice and other animal and bird pests which attack stored food, and the illustrated panels on this stand gave information on the more important pests which attack the nation's food supply, and methods of control usually employed. The exhibit was supported by a screen on which films were shown.

Stand No. 15 : Insect Pests.

This exhibit comprised viewing cabinets containing live specimens of common insects affecting food or spreading disease.

There were in addition various wall displays, e.g., a set of photographs illustrating the cause of a typical outbreak of food poisoning.

Films.

The following films were shown at Intervals during the exhibition :—

- (1) Town Rat.
- (2) Farm Rat.
- (3) Pied Piper.
- (4) Your children and you.
- (5) Penicillin.
- (6) Another case of Food Poisoning.
- (7) The Good Housewife in her Kitchen.
- (8) Fly about the house
- (9) Behind the menu.
- (10) Defeat diphtheria.
- (11) Ice cream manufacture.

Talks.

Talks were also given daily. The speakers included

- (1) Deputy Division Medical Officer—speaking to Mothers on “ Child Welfare ”.
- (2) Divisional Medical Officer—speaking on “ Infectious Diseases ”.
- (3) A Chief Sanitary Inspector—on “ Food Hygiene ”.
- (4) A Surgeon—on General Health.

Other Items.

A baby show was held attracting over 40 entrants. Two children's competitions were run.

Total attendance 2,114.

PUBLIC CLEANSING.

The Health Department is responsible for the removal of house and trade refuse and the emptying of privies and pail closets. Streets cleansing and public conveniences are controlled by the Highways Department.

Refuse collection is carried out with a 10 cu. yd. Karrier C.K. 3 lorry with refuse collection body, and a 2 cu. yd. Fordson 10 cwt. waggon. A driver and three loaders work with the lorry, while the driver of the Fordson works single handed, and is responsible for the emptying of pail closets and ashpits.

By and large the work was carried on satisfactorily throughout the year—weekly collection of dustbin refuse being maintained except at holiday times. We can now say that all dustbins, privy middens, ashpits, pail closets, etc., are emptied every week. I think this is very good and there can be few districts which give as good a service. The tendency is for privies and ashpits to be emptied at longer periods, but I would maintain that it is more necessary to empty privies and ashpits weekly, than it is to empty dustbins. Very few people treat flies seriously, and I feel that to leave a privy and ashpit for say three weeks, as a matter of routine, where flies have ideal breeding conditions, is a mistake. Cost what it may, all conservancy arrangements should be dealt with weekly.

We have been more fortunate than is generally realised in that we have had hardly any of the labour troubles experienced by Local Authorities generally in this class of work. Many authorities are finding it difficult to obtain labour for refuse removal, let alone obtain the results per man that are expected. In this field the average of our men of 140 bins per man per day bears favourable comparison with any in the country.

During the year the Karrier ran 6,285 miles at an average petrol consumption of just 5 miles per gallon. The Fordson was taken into use on 16th April, 1951, and ran 5,249 miles at a petrol consumption of 17.6 miles per gallon.

The cost of refuse removal and collection this year was £1 998, a truly remarkable figure, due mainly to the exceptional income from salvage. This works out at 11s. 11d. per house for the year or 2½d. per house per week, compared with a figure of just under 4d. last year. These figures refer to the financial year ended 31st March, 1952.

The Karrier removed 1,082 loads of refuse, domestic and trade, representing 2,435 tons. The Fordson removed 606 loads representing 303 tons. Salvaged material was 89 tons. The net cost per ton collected and disposed was therefore 14s. 1d.

It has been a grand year for salvage, but an uncertain one. Prices for wastepaper have risen so high that while one does not look forward to the time when prices must fall, no one can pretend that the price of £24 per ton for newsprint is healthy. It is a case of making hay while the sun shines.

The figures for collection and sales for the financial year ending 31st March, 1952, are given below :—

	Tons	Cwts.	Qrs.	Lbs.		£	s.	d.
Mixed Baled Paper ...	60	1	2	0	...	906	15	3
News and Pams ...	17	4	1	0	...	363	14	4
Mixed Rags ...	2	6	0	7	...	74	13	10
Mixed Bagging ...	1	9	0	26	...	28	7	0
Carpets ...	1	12	0	22	...	11	6	11
Scrap Iron ...	5	12	0	0	...	23	11	6
Scrap Aluminium ...		2	3	20	...	11	4	11
Scrap Brass ...			1	4	...	2	4	2
Scrap Copper ...		2	0	4	...	10	4	9
String ...		8	3	17	...	2	13	11
Car Batteries ...					...	2	18	0
	88	19	1	16	...	£1436	14	7

CLOSET ACCOMMODATION.

The table below sets out the position at the end of the year.

No. of Closets in	Water Closets	Waste Water Closets	Privies		Pail or Tubs	Other	Total
			With Open Middens	With Covered Middens			
(a) Dwelling Houses ...	2465	127	Nil	56	88	—	2736
(b) Factories ...	199	—	—	1	6	—	206
(c) Shops ...	21	—	—	—	—	—	21
(d) Hotels and Public Houses ...	39	—	—	2	1	—	42
(e) Business Premises ...	15	—	—	—	—	—	15
(f) Public Conveniences	6	—	—	—	—	—	6
(g) Schools ...	66	—	—	—	—	—	66
(h) Other Premises ...	51	—	—	1	2	—	54
Total ...	2862	127	—	60	97	—	3146

During the year the following allegations were made :—

New closets provided with new houses ...	16 W.C.s
Additional closets provided for old property ...	15 W.C.s
Privies converted to water closets ...	15
Pail closets converted to water closets ...	10
	56

NUISANCE INSPECTIONS.

Total number of inspections made in 1951 for nuisances only (not including Housing Inspections) ...	136
Nuisances in hand end of 1950 ...	14
Nuisances found in 1951 ...	61
Total needing abatement ...	75
Nuisances abated in 1951 ...	67
Nuisances outstanding end of 1951 ...	8
Notices served informal ...	70
Notices served statutory ...	2
Complied with ...	65
Complied with ...	2

SMOKE ABATEMENT.

During the year 20 observations were made of various premises in the area. One instance of excessive emission of black smoke was found, and 1 caution was issued.

The smoke abatement byelaws are in force in the district.

RIVERS AND STREAMS.

It is gratifying to record that another source of pollution has been removed during the year. The trade effluent from Messrs. E. Illingworth and Co.'s mill at Shelf was connected via treatment and settling tanks to the Council's sewer during the year. This should greatly improve the condition of the Woodfall beck.

SHOPS.

There are some 150 shops in the area. A complete survey of these has still to be completed. In connection with shops selling meat, fish, etc., we find they are generally kept very satisfactorily. We have no difficulty in this district with the exposure of meat to dust and contamination by reason of open windows.

129 visits were paid to shops during the year. In seven cases unsatisfactory conditions were found, two of which were remedied.

The twelve bakehouses in the area have been visited at intervals, and found to be in a satisfactory condition. One of them is underground, but extensive alterations have taken place and obviate the usual objections to such premises.

STALLS AND VEHICLES.

As there is no market in the area no stalls of any description are ever erected within the district. Butchers' vans do not yet seem to have come into general use for meat delivery, though this class of transport hardly ever gave cause for complaint. Uncommon too is the butcher's bicycle, on which it was possible for food in transit to become exposed to gross contamination.

SCHOOLS.

There are 8 schools in the district, all of which have been visited regularly. The general sanitary condition of the schools is satisfactory all sanitary conveniences being on the water carriage system and connected to the sewer.

SWIMMING BATHS AND POOLS.

There are no public baths in the district, but there is one privately owned bath open to the public. It belongs to Messrs. John Foster and Sons, and is situated at the Victoria Hall, Queensbury. It is fitted with an up to date filtration and chlorinating plant, the chlorination being direct from chlorine gas in cylinders. It has been inspected at intervals and found satisfactory.

TENTS, VANS AND SHEDS.

There is one dwelling of this type in the district, and one now replaced by a permanent house is used as a week-end bungalow.

No byelaws have been made under section 268(4) of the Public Health Act, 1936, to govern this class of dwelling.

FOOD INSPECTION AND SUPERVISION.

Milk Supply.

On 1st October, 1949, control of milk production passed to the Ministry of Agriculture and Fisheries, with the result that only dairies other than farms come under the Council's purview. There are two such premises in the district, and these have been kept in a satisfactory state.

There are at present 40 retailers of milk supplying the area, and these milks are sampled for the biological test for the presence of tubercle, the aim being to sample the milks at least twice a year, with prior importance being attached to the raw milk. None of the samples taken during the year showed the presence of tubercle, although one taken by a neighbouring authority from a producer retailer in this area was positive. Action by the Ministry of Agriculture was taken, and no formal action was needed by this Authority.

The composition of the milk supplies is given roughly in the opening remarks to his report by the Medical Officer, and the licensing position is as below :—

Milk (Special Designation) (Pasteurized & Sterilized Milk) Regulations, 1949.

Number of licences in force for—	Dealers	Supplementary
(a) Tuberculin Tested Milk (Pasteurized)	12	2
(b) Pasteurized Milk	—	—
(c) Sterilized Milk	6	—
Samples obtained—		
	No. Satisfactory	No. Unsatisfactory
(a) Tuberculin Tested Milk (Pasteurized)	3	—
(b) Pasteurized Milk	2	—
(c) Sterilized Milk	—	—

As we are not a Food and Drugs Authority there are no licences for any pasteurizing plants.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

No. of licences in force for—				Dealers	Supplementary
(a) Tuberculin Tested Milk	...	...	...	1	3
(b) Accredited Milk	...	...	...	1	—

Samples obtained—				No. Satisfactory	No. Unsatisfactory
(a) Tuberculin Tested Milk	..	...	...	8	1
(b) Accredited Milk	...	...	...	6	—

Ungraded Milk.

There are only five retailers selling ungraded milk.

Ice Cream.

There are 14 premises registered under Section 14 of the Food and Drugs Act, 1938. 17 inspections were made of these premises. There is only one manufacturer, who has good premises with up to date pasteurizing plant recording thermometer, etc., in accordance with the Heat Treatment Regulations. The supply of pre-packed ice cream by the big manufacturers seems to be sweeping the field in this area, and from an administrative angle this makes things easier.

Meat Inspection.

There is no public abattoir in the district, all meat supplies coming from the Halifax Regional Slaughterhouse. There are seven private licensed slaughterhouses in the district, unused except for the killing of self supplies pigs in the winter season.

There are 17 butchers shops, to which 21 visits were paid, and 15 premises registered under Section 14 of the Food and Drugs Act, 1938, for the manufacture of made-up meat products. There were 89 visits to these premises.

Other Foods.

There were 32 visits to grocers shops, 40 to general shops, and 17 to fried fish shops.

RATS AND MICE (DESTRUCTION) ACT, 1919. INFESTATION ORDER, 1943.

This work is normally carried out by the Part-time Rodent Operative employed by the department, but when difficulties arise from shortage of labour it has to be done by the Sanitary Inspector or Pupil. All treatments are supervised by the Sanitary Inspector.

(1) Types of infestation encountered during the year were :—

Reservoir	...	...	...	...	Nil
Major	...	...	...	...	17
Minor	...	...	...	...	30
Sewer Infestations	...	...	...	...	6

(2) The Poisons and Baits used are :—

Baits				Poisons
Sausage Rusk	...	...	...	Zinc Phosphide
Bread Mash	...	...	..	Arsenic
Sugar and Flour	...	...	...	Red Squill
Soaked Wheat	...	...	...	A.N.T.U.
Oatmeal	...	...	...	Warfarin

(3) Properties Treated :—

The types of property treated are classified below :—

		No. of Treatments
Domestic properties	... 15	15
Local Authority properties—		
Tip	... 1	2
Sewage works	... 3	11
Sewer systems	... 3	6
Industrial properties—		
Business	... 4	13
Agricultural	... 1	1
Schools	... 2	2
Sanatorium	... 1	3
		53

Treatment of domestic premises is free, charges being raised against industrial premises. The cost of the rodent control service after deduction of charges made against industrial premises is shared by the Council and the Ministry of Agriculture and Fisheries.

The treatment of sewers is carried out in accordance with instructions received from the Ministry of Agriculture and Fisheries. This in principle is a test baiting to ascertain the extent of infestation in the sewers followed by two treatments planned to cover the infestation found by the test. This is quite a scientific piece of work and does produce results.

The success or otherwise of rodent control treatments is judged by the amounts of poison consumed by the rats, followed by tests with bait only to see, from the amount of bait consumed what population of rats remain. Successive treatments at fortnightly intervals with changed baits and poison give a fairly flexible means of control. The rat population of our area is probably less now than at any other time, but of course it is work which cannot be properly done once and left. Re-infestation can occur at any time through migration and other causes, and so the control of rodent infestation must be work which is always with us.

SANITARY INSPECTION OF DISTRICT

Total Number of Inspections	... ..	2072
Bakehouses Inspected	... ..	12
Caravans Inspected	... ..	1
Complaints Investigated	... ..	212
Cowsheds and Dairies	... ..	2
Common Lodging Houses	... ..	—
Drainage Inspections	... ..	270
Dwellinghouses Inspected :—		
Housing Acts	... ..	179
Public Health Acts	... ..	136
Disinfections	... ..	7
Disinfestations	... ..	16
Drains Tested with Water	... ..	1
Drains Tested with Smoke	... ..	17
Drains Tested with Colour	... ..	190
Factories Inspected	... ..	57
Food Shops	... ..	119
Food Preparation Premises	... ..	89
Ice Cream Premises Inspected	... ..	17
Infectious Diseases	... ..	127
Miscellaneous Visits	... ..	206

Offensive Trades :—

Fish Frying Premises	...	...	...	...	...	...	17
Size Boiler Premises	...	...	...	...	...	...	2
Tannery Premises	...	...	...	...	...	...	4
Public Cleansing Service	...	...	...	...	...	...	109
Rats and Mice (Destruction) Act	...	...	...	...	...	...	126
Shops Acts	...	...	...	...	...	...	40
Smoke Observance	...	...	...	...	...	...	20
Slaughterhouses	...	...	...	...	...	...	7
Work in Progress	...	...	...	...	...	...	89

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED. PUBLIC HEALTH ACTS, 1875 - 1936.

Interior of Houses.

Windows repaired and renewed	...	...	...	...	...	...	7
Ventilation provided	...	...	...	...	...	...	3
Fireplace fixtures renewed and repaired	...	...	...	...	...	...	9
Ceilings replastered	...	...	...	...	...	...	8
Walls replastered	...	...	...	...	...	...	6
Glazed sinks provided in place of stone sinks	...	...	...	...	...	...	17
Sink waste pipes repaired and renewed	...	...	...	...	...	...	3
Sash cords renewed	...	...	...	...	...	...	32
Chimney flues repaired	...	...	...	...	...	...	2
Dampness of walls abated	...	...	...	...	...	...	25
Water gaining access to cellar abated	...	...	...	...	...	...	14
Sewage gaining access to cellar abated	...	...	...	...	...	...	6
Window frames renewed	...	...	...	...	...	...	9
Defective doors repaired	...	...	...	...	...	...	6
Firebacks renewed and repaired	...	...	...	...	...	...	1
Floors repaired	...	...	...	...	...	...	4
Windows made to open	...	...	...	...	...	...	2
Decayed woodwork renewed	...	...	...	...	...	...	7
Ovens repaired	...	...	...	...	...	...	13
Doorsteps reset	...	...	...	...	...	...	3

Exterior of Houses.

Eavesgutters cleansed	...	...	...	...	...	...	4
Eavesgutters renewed or repaired	...	...	...	...	...	...	20
Decayed pointing renewed	...	...	...	...	...	...	16
Leaky roofs repaired	...	...	...	...	...	...	17
Flashings and soakers renewed	...	...	...	...	...	...	5
Rain water pipes renewed or repaired	...	...	...	...	...	...	7
Mastic pointing to windows renewed	...	...	...	...	...	...	12
Walls repaired	...	...	...	...	...	...	6
Chimney stacks	...	...	...	...	...	...	2

Yards and Outbuildings.

Paving re-laid	...	...	...	...	...	...	2
Boundary walls repaired	...	...	...	...	...	...	2

Drainage.

Drains re-laid	...	...	...	...	...	...	...	11
Drains repaired	...	...	...	...	...	...	...	12
Drains cleansed from obstruction	...	...	...	...	...	...	...	44
Inspection chambers provided	...	...	...	...	...	...	...	3
Gullies renewed	...	...	...	...	...	...	...	2
Soil pipe repaired	...	...	...	...	...	...	...	6
Inspection chamber cover renewed	...	...	...	...	...	...	...	2
Septic tanks repaired	...	...	...	...	...	...	...	1

Sanitary Conveniences.

Wet middens abolished	...	...	...	...	...	...	...	6
Flushing cisterns repaired	...	...	...	...	...	...	...	10
Privy middens converted to water carriage system	...	...	...	...	...	...	...	15
Seats repaired or renewed	...	...	...	...	...	...	...	1
Walls repaired	...	...	...	...	...	...	...	2
W.C. pedestals renewed	...	...	...	...	...	...	...	1
Privy middens converted to pail closets	...	...	...	...	...	...	...	—
Doors renewed or repaired	...	...	...	...	...	...	...	6
Dilapidated structures re-built	...	...	...	...	...	...	...	4
Pail closets converted to water carriage system	...	...	...	...	...	...	...	10
Waste water closet converted to water carriage system	...	...	...	...	...	...	...	—
Additional W.C.s provided	...	...	...	...	...	...	...	15
Roofs repaired	...	...	...	...	...	...	...	3

House Refuse Accommodation.

Dilapidated dustbins renewed	...	...	...	...	...	...	...	109
Additional dustbins provided	...	...	...	...	...	...	...	26

Food Preparation Premises.

Preparation rooms cleansed	...	...	...	...	...	...	...	3
Glazed stoneware sinks provided	...	...	...	...	...	...	...	2
Hot water supply provided	...	...	...	...	...	...	...	1
New concrete floor provided	...	...	...	...	...	...	...	1
Drain inlet removed	...	...	...	...	...	...	...	2
Defective window repaired	...	...	...	...	...	...	...	4
Floor repaired	...	...	...	...	...	...	...	1
Walls cement rendered	...	...	...	...	...	...	...	4
Ceilings underdrawn	...	...	...	...	...	...	...	1

Factories.

Fasteners provided to doors	...	...	...	...	...	...	...	4
Partitions provided	...	...	...	...	...	...	...	2
Intervening ventilated space provided	...	...	...	...	...	...	...	2
Artificial light provided	...	...	...	...	...	...	...	6
Ventilation provided to sanitary conveniences	...	...	...	...	...	...	...	2
W.C. pedestal repaired	...	...	...	...	...	...	...	4
New W.C. provided	...	...	...	...	...	...	...	1

